

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SMC		1/30/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		65955	3/1
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
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20	✓	✓
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Claim	Date						
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If more than 150 claims or 10 actions  
staple additional sheet here

**BEST AVAILABLE COPY**